

JPRS-TEP-86-020

5 SEPTEMBER 1986

Worldwide Report

EPIDEMIOLOGY



FOREIGN BROADCAST INFORMATION SERVICE

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WORLDWIDE REPORT
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BANGLADESH

BRIEFS

VIRUS FEVER OUTBREAK--Virus fever has broken out in an epidemic form in 5 upazilas of Lalmonirhat district during the last few days. It is reported that once one person of a family is attacked with the fever the whole family become prey to the same. The affected people feel unbearable pain all over the body, children are the worst sufferers. The people of the area have urged the concerned authority to take effective measures to combat the disease on an emergency basis. [Text] [Dhaka THE BANGLADESH TIMES in English 8 Jul 86 p 2]
/13104

CSO: 5450/0186

14 AIDS DEATHS IN 20 MONTHS; BETTER TESTING SOUGHT

Bridgetown BARBADOS ADVOCATE in English 29 Jul 86 p 1

[Text]

Fourteen AIDS deaths occurred in Barbados over the past 20 months out of 17 diagnosed cases. Among the dead was one woman.

High risk persons who could contract the deadly disease of Acquired Immune Deficiency Syndrome (AIDS) are promiscuous male homosexuals.

However, Professor Mickey Walrond, a member of the AIDS Committee set up in June last year, explained that they were tackling other roots of the disease, one of which is blood transfusions.

Following a press briefing yesterday during which the assistance of the media was sought in educating the public about AIDS — how it can and cannot be transmitted — Chief Medical Officer, Dr. Dorian Shillingford, said that a very effective screening method had been introduced into the blood collecting service.

He said that the Ministry of Health had taken action to try to reduce the risk of infection by testing blood since contaminated blood might be one way of contracting the AIDS virus. He added, however, that "giving blood was all right."

Professor Walrond pointed out that the test available here was a "screening test" to pick up people who might have the virus so they would avoid transfusing the virus into anyone.

Not strictly accurate

However, he noted that the test was not strictly accurate in terms of confirming that the virus was present since another test had to be sent to Trinidad and it took about two months for the result to come back.

The AIDS Committee members said that they were looking at the possibility of acquiring better testing equipment in Barbados.

"AIDS has only been with us for a few years and while we have been able to isolate the virus, we are looking for new testing systems," Dr. Shillingford said.

Professor Walrond however pointed out that if the present confirmatory test available in Trinidad was available in Barbados it would not mean that it would reduce the amount of time one must await the results.

Within the past year, the blood of about 4 000 people in this island has been tested. About nine tests went on to Trinidad for further testing but only about three came back positive, Professor Walrond said.

Asked whether it was fair to say that AIDS victims were too "far gone" by the time they reached hospital, Professor Walrond said "Yes."

He said that the vast majority of people carrying the AIDS virus were well. He said victims had symptoms like diarrhoea and loss of weight which were common to other diseases and his advice to avoid contracting the disease was "fidelity."

The AIDS Committee has a system of surveillance and Dr. Beverley Miller, who is responsible for this, said that it included counselling of the patient and his or her relatives.

Dr. Miller noted however that counselling was the responsibility of the patient's doctor.

/12828
CSO: 5440/112

CANADA HELPS WITH PUBLIC EDUCATION ON WASTE SYSTEM

Belize City THE BEACON in English 28 Jun 86 p 10

[Text] The Water and Sewerage Authority (WASA) will be carrying out a public health education programme aimed at informing Belize City residents on the solid waste system being installed there.

This was revealed last Thursday (June 19) in discussions with officials of WASA and CIDA, the Canadian International Development Agency which is financing the project. The officials included Project Manager Mr. Doug Wilson, Consultant Public Health Educator Mr. Horace Brennan, Mr. William Pinkerton and Public Health/Public Relations Technician Miss Dorla Bowman. Mr. Pinkerton is from the firm of Marshall, MacKlin and Monaghan which was contracted by CIDA to manage the WASA project in Belize City.

Canadian Public Health Educator Mr. Horace Brennan will be responsible for the health education

programme. He and Miss Bowman have plans to produce pamphlets on sewerage disposal and other aspects of WASA's work in connection with the installation of the sewer system in Belize.

The four person team has been meeting with various government officials to discuss the health education programme. Resulting from these discussions, Mr. Brennan says the level of awareness regarding the problem of solid waste disposal in Belize is high.

Project Manager Wilson says the construction of the Belize sewer system is expected to be completed in May of 1988.

/12828
CSO: 5440/113

BRAZIL

BRIEFS

AIDS CASES REPORTED--With 779 cases registered between January 1985 and July 1986 by the Health Ministry, Brazil is the country that has the second largest number of AIDS cases throughout the world, second only to the United States, where 22,000 cases have been discovered during the past 6 years. This information was released by Doctor (Lair Guerra de Marcelo), who is responsible for the program against sexually transmitted illnesses. [Excerpt] [Rio de Janeiro Radio Globo Network in Portuguese 0300 GMT 6 Aug 86 PY] /8309

CSO: 5400/2084

AIDS INCIDENCE, VICTIMS' RIGHTS DISCUSSED

659 Cases

Toronto THE TORONTO STAR in English 29 Jul 86 p A8

[Text] OTTAWA (CP) — The chance of getting AIDS from a blood transfusion in Canada remains virtually nil, according to the latest statistics from the Canadian Red Cross Society.

Since last Nov. 1, all blood donors have been screened for antibodies to the AIDS virus. Testing during the first six months of screening showed only 144 antibody-positive samples in 583,925 blood donations. Blood from antibody-positive donors is discarded by the Red Cross.

A total of 659 confirmed cases of AIDS have been reported to health officials since 1981. Only 14 of those cases were related to blood transfusions, and almost all of them were reported before the screening program was introduced.

Victims' Rights

Ottawa THE CITIZEN in English 23 Jul 86 p A4

[Text] TORONTO (CP) — AIDS victims have the same right as other handicapped people to be protected against discrimination, the Ontario Human Rights Commission has ruled.

The commission's annual report says there has been a growing number of inquiries about whether its code forbids discrimination against people with Acquired Immunodeficiency Syndrome.

Because AIDS falls within the description of a handicap, afflicted people are protected in all social areas and can file complaints if they have been denied the right to equal treatment.

The commission said it has helped settle many complaints filed by physically handicapped people against insurance companies after being denied coverage.

/12828

CSO: 5420/90

STUDY SHOWS ELDERLY RECEIVING MORE INTENSIVE MEDICAL CARE

Toronto THE GLOBE AND MAIL in English 31 Jul 86 pp A1, A2

[Article by Ann Silversides]

[Text]

Canada's health care system can cope with an increasing number of old people, but it may face problems because the elderly are receiving more intensive treatment than in the past, four health policy analysts have concluded.

Each elderly Canadian is consuming more medical services today than individual senior citizens did 10 years ago, according to data in an unpublished research paper by the analysts, who are professors at the University of British Columbia and McMaster University.

And on a per capita basis, the rate of increase in use of the health care system by the elderly has significantly outstripped the increase for the rest of the population, the professors say in the paper.

"Put simply, there has been a shift in the pattern of servicing," Prof. Robert Evans of UBC said in an interview. There is a greater difference now between the treatment given to old people and the treatment given to the rest of the population than there was 10 years ago, he said.

This evidence of an "increasing intensity of servicing" of senior citizens should prompt a change in

public debate about the impact on the health care system of Canada's aging population, the professors say.

The other academics who prepared the paper are Morris Barer and Clyde Hertzman of UBC and Jonathan Lomas of McMaster.

So far, debate has centred on dire predictions about the effect of the increasing numbers of the elderly, who are known to use more medical services.

But the growing numbers alone will not swamp the system if the rate at which the health care system is used remains stable, the paper says, citing several Canadian studies.

If rates remained stable, there would be an annual increase in the use of the system of 1 per cent per capita for the next 40 years, the authors say. Health care expenditures would increase annually by about 1.4 per cent up to the year 2021, the Canadian Medical Association's Task Force on Health Care Resources concluded.

Much more critical to the future solvency of the health care system is the trend toward increased use of the system by the elderly on a per capita basis, the paper says.

A Winnipeg study shows that the use of the health care system by those over 85 increased 19 per cent faster than for the over-all popula-

tion during a 10-year period. For those 65 to 85, the relative growth was 7 per cent above the average, the paper says.

In British Columbia, doctors' billings for each male between 70 and 71 years old increased to \$46 in 1983-84 from \$396 in 1981-82, while the increase in billings for someone aged 30 to 39 was to \$165 from \$126.

Similarly, while hospital use has declined for the population as a whole, the drop has been much less significant for those over 65, the paper says.

Indeed, data from British Columbia show that on a per capita basis, hospital stays for those over 65 increased by 16 per cent from 1971 to 1982, compared with a per capita decline of 14 per cent for the population as a whole, the paper says.

This trend suggests that more might be achieved if the debate about health care for the elderly shifted away from demography and toward the relationship between illness and utilization of the health system, the paper says.

The increasing use of the system by the elderly could be explained by a number of factors: the elderly are, as a whole, getting sicker; medical advances have extended

the range of potentially effective treatments; the health care system may be treating patients more intensively, independent of any evidence that the more intensive treatment is more useful.

The question that is as yet unanswered, and the subject of future research the academics wish to undertake, is whether increased servicing of the elderly is an appropriate response to levels of illness.

Health care providers have continued to focus solely on the impact of the numbers of the elderly because of their vested interest in couching the debate "in terms" that will imply the need for increased funds for existing services, or to portray the solutions as health care rather than social support, tax, or other system initiatives.

"There is, as yet, little justification for health care responses to what may well be non-health problems or, worse still, health problems generated not by the elderly but by the health care system itself."

About 27 per cent of Canada's population will be over 65 in 2031 — compared with only 10 per cent in 1981 — if the birthrate falls slightly below its current level by 1996, according to Statistics Canada.

/12828
CSO: 5420/91

TORONTO HOSPITAL WAITING LISTS, TREATMENT DELAYS EXAMINED

Toronto THE TORONTO STAR in English 30 Jul 86 pp A1, A17

[Article by Marilyn Dunlop]

[Text]

A Kingston woman who needs back surgery to help her walk normally and without pain has been waiting five months for treatment. This week, frustrated and angry, she told her surgeon she intended to go outside Ontario to get help sooner.

"I understand how she feels," said the woman's orthopedic surgeon, Dr. Michael Simurda, of Kingston General Hospital.

But despite his empathy for his patient's plight, Simurda said he can't operate because of a shortage of hospital beds that causes a waiting period of six to nine months for patients who need non-emergency orthopedic surgery.

Complex cases

"Disabled patients want something done right away, but they have to wait until a bed becomes vacant," Simurda said. "And almost every weekend, the beds fill up again with motor vehicle accident cases (emergencies) and the elective (non-emergency surgery) list stays stationary."

Simurda, president of the Ontario Orthopedic Association, said the problem is common to all major hospitals handling complex cases where most hip and other joint implants are performed. With our society's growing elderly population, the number of patients with joints

destroyed by arthritis increases, and the waiting lists across the province grow longer, he said.

Orthopedic treatment is just one of several kinds of care that is not promptly available to patients. Patients needing heart bypass surgery also face waiting lists. In Toronto, the three hospitals (Toronto General, Toronto Western and St. Michael's) that perform the surgery can't keep up with demand. Every month last year there were 300 to 440 patients in Metro waiting for bypass surgery, who, on average, had to wait two to three months. And the Metro Toronto District Health Council, which advises the health ministry on Metro's health care needs has, for three years, recommended a fourth open-heart surgery unit be opened at Sunnybrook Medical Centre.

An additional roadblock for many heart surgery patients is a shortage of pre-surgery testing units. One diagnostic test called a cardiac catheterization, used to tell if some patients are suitable heart surgery candidates, has a one to two-and-a-half month waiting period.

A new unit is scheduled to be opened at Scarborough's Centenary Hospital, but while that will shorten the waiting time for the test, it will also increase the demand for bypass surgery.

At Princess Margaret Hospital, cancer patients must wait up to four weeks before they can begin radiation treatment. The hospital treats 7,300 patients a year and its overflow goes to Bayview Cancer Clinic at Sunnybrook Medical Centre. But the Bayview clinic is also reaching capacity, as are six other cancer treatment centres in the province. And a report, made public early this year, showed Princess Margaret was in urgent need of five to seven new radiotherapy machines.

Operations capped

People requiring lens implants in their eyes have been on waiting lists at least three Ontario hospitals, (one in Toronto, another in Newmarket and a third in Sault Ste. Marie) that have put limits on the number of such operations done each year because of limited operating room budgets.

The health ministry is currently considering additional funding for these hospitals so patients won't have to wait until the next budget year, according to Dr. Clive Mortimer, of the University of Toronto ophthalmology department.

However, Mortimer said because of the ban on extra billing, other eye patients may not get, or will have to pay \$30 to \$50, for certain pre-surgery tests not covered by the Ontario Health Insurance Plan.

Previously, he said, eye specialists from his department at U of T have contributed hundreds of thousands of dollars out of their own pockets that enabled the city's

teaching hospitals to buy equipment their budgets could not cover, as well as pay for technicians to operate new equipment. But, since the bitter dispute with provincial government over the extra billing ban, the eye doctors are no longer willing to kick in their own money and feel that paying for all care is now up to government, Mortimer said.

The solution to lengthy waiting lists in hospitals across the province could seem, on the surface, to be more beds. But almost every hospital has beds it would like for short-term patients that it cannot use because they are already filled with patients who need long-term or chronic care. In Metro, 1,000 to 1,500 of the 10,000 general hospital beds are occupied by patients requiring long-term care.

(Chronic care patients require more help and long-term nursing care than nursing homes are supposed to provide, and don't have health problems that can be helped by surgery or other acute medical treatment.)

And in some smaller communities across the province, matters are even worse. In Parry Sound, 23 of the 92 beds in the town's only general hospital are taken up by chronic care patients, said Dr. Ian Baxter. The town's 64-bed chronic care hospital is full and there are 25 people on its waiting list.

Studies by the Hospital Council of Metropolitan Toronto have shown that Metro needs 450 more chronic care beds even if programs providing community-based care are expanded to help keep disabled and elderly patients out of institutions.

Health Minister Murray Elston has promised \$400 million in the central east region of the province, that includes Metro, to provide more than 2,000 additional beds, both short term (acute), and long term (chronic.) Also planned for Metro is a geriatric centre. But today, places in nursing homes and special care hospitals for the elderly are in desperate short supply.

"Little wonder doctors express frustration," Dan Drown, executive director of the council, repre-

senting 43 Metro hospitals, said. "Programs for the elderly, transplants or heart surgery are not there. Each day they (doctors) are sorting out patients and trying to find the right care for them and many times it is not readily available."

Planning difficult

Drown said hospitals face a difficult task in planning how to provide care. "They get hampered in making decisions by what is on their doorstep — the patients who need care today."

To shift programs to suit changing needs, even if it may save money in the long run, requires cash up front, Drown said. Medical and surgical beds in Metro have a 95 per cent occupancy rate — too high to give hospitals any leeway, he said. Budgets won't stretch and government approval and funding for additional expenses are rarely forthcoming, he said.

Every month, 29,000 people go home from Metro hospitals after being treated but ten times that many (250,000 to 300,000) receive treatment as out-patients without ever being admitted. Another 85,000 to 90,000 a month visit emergency departments.

"The number of people who need care is enormous," Drown said.

Some delays in obtaining care occur because patients' needs and the kind of care available don't always match, Drown said. For example, he said, there are many more people needing physiotherapy as part of rehabilitation programs than can be looked after by existing services. Confused elderly people form another large group of patients for whom services are lacking.

And access to care is a major problem for the chronically men-

tally ill, he said. The numbers of beds in psychiatric hospitals has shrunk dramatically, but the money saved was not invested in community programs for former patients.

General hospital emergency departments, designed for medical and surgical patients, are not geared to treat them satisfactorily.

A crisis intervention centre in Toronto is now on the drawing board. But critics say one psychiatric crisis centre, like one geriatric centre, is "too little, too late." Although a start, both are expected to be swamped in a short time.

In the last 10 years in Ontario, the major influence on health care has been government spending constraints, Drown said. "It has changed the face of health care — yet in some instances it has improved access."

For example, he said, many treatments (including many kinds of surgery and diagnostic tests) are now performed without putting patients in hospital. The length of time people stay in hospital has also been cut — and may be cut even further in future.

Drown said our hospitals need to redesign and retool to meet changing medical technology, an expensive process that government is slow to approve. For instance, waiting time for treatment of kidney stones may be eliminated when hospitals have available a technique that pulverizes stones without surgery, called lithotripsy.

Marilyn Dunlop is a medical writer at The Star who has written one book on cancer treatment in Canada and is completing another on the body's immune system.

/12828
CSO: 5420/91

TWO CASES OF MENINGITIS REPORTED IN ESSEX AREA

Windsor THE WINDSOR STAR in English 16 Jul 86 p 3

[Text] More than 30 people in the Essex area had to be treated to prevent a deadly outbreak of meningitis after a child died of the illness three weeks ago.

The child, a pre-schooler whose name was not released by the Windsor-Essex County Health Unit, was one of two who contracted meningococcal meningitis, an extremely contagious form of the illness.

Meningitis often occurs in isolated cases, but the children attended the same Sunday school nursery at a church in the town of Essex, putting a large group at risk, said Dr. Phil Floret, the health unit's medical officer.

Between 30 and 40 people may have come in contact with a bacterial form of the illness, which can be transmitted through sneezes or saliva, "kids chewing on the same toys and that sort of thing," Floret said Tuesday.

"It can begin with a fever and kill you in a few hours," he said. "That's why it is so frightening, and why we jumped on it quickly and notified everyone involved."

"But everyone was treated and there were no other cases," Floret said.

The second child was treated with antibiotics and survived with no permanent damage. Meningitis causes swelling of the membranes of the brain, and can leave its victims deaf, blind or partially paralysed.

The health unit contacted the families of all the children who may have come in contact with the two sick children and ordered them to report to their family doctors.

"It was a major undertaking, because the doctor's strike was on. It was a hassle because people had trouble reaching their doctors."

The group was treated with Rifaximin, the same antibiotic used to fight tuberculosis. "Four pills is enough to kill the bug," Floret said.

The threat is not uncommon and occurs once or twice a year in the county — although usually in smaller groups, he said.

A dozen or more cases of meningitis might be reported across the province in a given week.

/12828
CSO: 5420/91

CANADA

BRIEFS

WINNIPED NURSING HOME SALMONELLA--The death of one woman and the illnesses of two other residents of Winnipeg's Sharon Home nursing home have been linked to salmonella poisoning, officials say. Salmonella bacteria were found during post-mortem tests on Doba Raber, 89, a resident at the home. Rabert died of a respiratory disease last week. Last year, 21 patients in a London, Ont., nursing home died after a similar form of bacterial contamination broke out. [Text][Toronto THE TORONTO STAR in English 23 Jul 86 p A8]/12828

CSO: 5420/91

FEVER KILLS 14 IN ESEQUIBO DENGUE LATER DIAGNOSED

Report of Deaths

Georgetown MIRROR in English 8 Jun 86 p 1

[Text]

Reports from interior Esequibo river areas state that there is an outbreak of a disease which has so far claimed 14 lives, including six children. The deaths have occurred in the Bonasika Creek, Hogg Island, Manaka and Saxacalli areas of the River. The latest death reported is that of 32 year-old farmer Mahadeo Samwari of Lower Bonasika Creek who left behind a widow and two small children. The wife has now been hospitalised, having the same symptoms as her late husband.

Our correspondent says that the Health Ministry has not identified the disease, but residents believe it is either malaria or typhoid. Right now there are over 10 persons hospitalised with the fever.

The PPP Councillor for the RDC of that region (No. 3) said that he has been trying for years to get the reintroduction of medical services introduced many years ago by the PPP Government. Councillor Seetal Persaud told the Mirror: "When the PPP was in office, the then Minister of Health Janet Jagan, made frequent visits to those areas. We had a yearly DDT spraying team in all remote areas of the country. We had medical first aid kits for all the schools including Gt. Trooie Island, Caria Caria, Saxonalli, Lanaballi, Fort Island,

Morashi and Bonasika Creek, also Northern and Western Hogg Island. Those kits were equipped with band aid, plasters, iodine, Penicillin cream, bandages, as well as venomous snake injections. I was one of those taught by a nurse to administer the snake injections for the Western Hogg Island area. Today those kits are still there, but empty! They do not even have bandages or zip strip plasters. I have made protests during my last term as a Regional Councillor to have the kits replenished, but to no avail.

"Also, in those days there was a fortnightly medical launch service from Supenaam that served the people of Gt. Trooie Island, Caria Caria, Saxonalli, Lanaballi, Birsiballi, Baboon Hole, Fort Island, Morashie, Bonasika Creek, Western Hogg Island and Eastern Liberty Island. But I regret to say that all those services have been cut off by the PNC government, which says that "Progress Never Ceases".

"We are demanding that the Minister of Health seek more money for health to reintroduce the Supenaam medical launch service weekly, start back spraying and set up a medical outpost at the Bonasika mouth with qualified medical personnel and necessary drugs. Lastly, to investigate the recent outbreak of the dangerous fever and see that it does not spread further."

Mosquito 'Plague'

Georgetown CATHOLIC STANDARD in English 6 Jul 86 p 4

[Text]

THE SWARMS of mosquitoes that have been plaguing the coastal areas, especially the city, in recent months present a real health hazard to residents in these areas.

The threat is not so much from malaria as no malaria mosquitoes - the anopheles darlingi - are found on the coast.

But the filaria mosquito, the culex, and the carriers of yellow fever and dengue fever - the aedes aegypti - are there in large numbers.

As a result, filaria is definitely on the increase. One can judge from the many persons who can be seen with swollen legs and arms.

Fortunately, no case of yellow fever has been reported in Guyana since one was discovered in the Pakaraimas in 1979.

But there is the threat of dengue fever. In Rio de Janeiro in neighbouring Brazil, there is at present an epidemic of dengue fever and the presence of one case in Guyana can start an epidemic here, as there are large numbers of the vectors on the coast.

The increase in the number of mosquitoes is attributed mainly to poor sanitation - blocked drains, stagnant canals and unsealed septic tanks.

Lack of spraying and of visits by sanitary inspectors and mosquito control officers also contribute to the growth in the swarms of the insects.

The culex breeds in stagnant, torid water of the drains, canals and septic tanks, while the aedes aegypti goes for fresh water left lying in the home and in cans and bottles that litter some yards.

In the Rupununi malaria is still a serious problem which needs much more attention than is at present being given it.

In the villages good work is being done by the health workers

who take blood tests which they have been trained to read and they dispense drugs. Yet, these measures are not enough to stop the disease, especially the most dangerous type which is often fatal, plasmodium falciparum, from spreading.

To help in the eradication programme in the Rupununi the Canadian International Development Agency (CIDA) donated 50 back pack sprayers and provided three long-wheel-base land rovers, together with a large quantity of spare parts, for transporting the spraying teams.

Recently, reports have come in that only one of these vehicles is in operation. One is laid up for want of spare parts and the third is being used by the Region for other purposes than malaria eradication.

Three weeks ago there was a shortage of quinine and an emergency order had to be flown in from the U.S.

In the meantime, few drug stores had quinine in stock and one was selling its limited stock at \$1. a tablet.

The problem area remains the Mazaruni-Cuyuni district where the mining population is mobile and hard to reach. From this area the disease is spread to the Pomeroon and Essequibo Coast.

The 13 outboard motors provided by UNDP have assisted the anti-malaria workers to go into the affected areas.

To prevent the outbreak of an epidemic which is ever threatening, a constant effort and much more expenditure must be made to control the diseases. Unless a greater priority be given to this task, the threat of an epidemic may become a reality.

Dengue Fever Diagnosis

Georgetown GUYANA CHRONICLE in English 11 Jul 86 p 5

[Text]

PRINCIPAL Medical Officer, Dr. Edgar London has disclosed that a viral infection present in the country for some time has been diagnosed as dengue fever.

Dr. London explained that blood specimens of patients with pyrexia (fever of an unknown origin) were sent to the Caribbean Epidemiology Centre (CAREC) in Trinidad and investigations and experiments done there revealed the virus to be dengue.

There has been a reported outbreak of dengue fever in French Guiana, Suriname, Brazil, Trinidad and Tobago and Guadeloupe, said Dr. London and members of the Vector Control Services maintain surveillance at the airport and maritime ports.

Dengue fever or 'break bone fever', as it is sometimes called, is caused

by the dengue virus which is transmitted by the aedes aegypti mosquito. This mosquito also transmits yellow fever. Dengue is an acute febrile disease characterised by the sudden onset of fever for about 5 days but rarely more than 7 days. The patient also suffers from intense headache and retro-orbital pains (pains behind the eyes), joint and muscular pains and rash which usually appears 3 to 4 days after the onset of fever.

Dr. London warned that persons with dengue fever should not take aspirins since its use can lead to other complications. Persons with the fever should confine themselves to bed and take a lot of fluid. If complications arise then they should see the doctor.

Dr. London said that the aedes aegypti is more or

less a domestic mosquito that breeds in and around the house, with a preference for clean water. It is advisable that flower vases with water be discarded for the time. Water stored in barrels, drums and other containers should be properly covered. Old tyres should not be left in yards and compounds where they can collect water, since this will provide a breeding ground for the mosquito.

Householders should further ensure that all drains are desilted and free of obstacles.

In larger communities, local authorities are advised to step up their environmental programme, specifically those for drainage.

Meanwhile, the Ministry of Health is monitoring the situation closely in order to curb the further spread of the virus.

Opposition Organ's Criticism

Georgetown MIRROR in English 13 Jul 86 p 4

[Excerpts]

It has been going around for almost a full month, visiting at least one out of every five households. Most people described it simply as "the flu" but unlike flu the symptoms of this latest malady are not easy to shake off.

It has taken a full month for the Guyana health authorities to discover that the malingering nuisance is in fact Dengue fever. Principal Medical Officer London said that the findings were made in Trinidad. Guyana does not have the necessary facilities and chemicals for investigations and experiments into viral infection such as dengue.

Cuba's efficient response to dengue was aerial fumigation and the use of mobile spraying devices to check the proliferation of the carrier and to des-

roy its breeding grounds.

It is understood that the dengue virus has affected large areas of Brazil and Paraguay, as well as Trinidad and Suriname. Side by side with dengue has been an outbreak of yellow-fever in these countries. In Guyana, several cases of typhoid have been reported. Deaths have also been caused by fever of unknown origin which could have been dengue. MIRROR reported deaths in Bonasiaka recently.

The situation is compounded in Guyana, as many householders are forced to keep water barrels and buckets, which are ideal breeding places for the aedes aegypti mosquito, due to the malfunctioning of the pure water system.

GOVERNMENT ANSWERS OPPOSITION CRITICISM OF HEALTH SERVICES

Attack on Administration Policies

Georgetown MIRROR in English 22 Jun 86 pp 2-3

[Text]

The motion was straight-forward: The National Assembly was being asked to recommend that government provide adequate medical personnel in all rural and interior districts; that all health centres be staffed, and that they be provided with sufficient drugs, medical supplies and communications.

The mover was Mr. Jagan, a former Health Minister in the PPP government who first proposed a similar motion in 1977. But it was not until last Wednesday's sitting of Parliament that a debate on the motion was allowed.

Three Opposition MPs, Ms. Iogan, Abraham (UP) and Nekta (PP) backed the case for the approval of the Health Motion, but the PNC's iron-fisted majority, spawned by the rigged 1983 elections, gleefully voted against, and defeated, the motion.

Health Minister Van West Charles was full of blarney about the PNC's health services in a language that sounded like a re-enactment of his pre-election speech. Said he, Guyana is the only country in the entire Caribbean that provides free drugs. Not even Cuba (considered by the World Health Organisation as Number One in the Region and the Third World in the field of Health Care) matches Guyana, said the lanky Minister - who, himself, got free medical training in Cuba. And to top the boast, he said that Guyana is the only country in the whole of Latin America that operates a hospital on solar energy!

Mr. Jagan ripped the boasts to shreds, and sharply criticised the Minister for, not even acknowledging the serious drug

shortages throughout Guyana.

In introducing the motion the PPP Parliamentarian pointedly cited the centres in rural, interior and riverside areas which have virtually been abandoned by government. Oracria, Ida Sabina, Lethem, Wakapana, Hackney — all plagued by shortages of drugs. The Siparuni hamlet is without running water routine in summer having to bathe by the riverside.

One patient died on the beach. There is no staff at the Macushi centre — 'only Boards are running along the place', and the building at Karawanadze is not being used — only the mosquito control gang use it for sleeping from time to time.

Mr. Jagan spoke about government negligence in providing river transport for medical staff, and the absence of radio communication facilities at many interior centres. She urged government to embark on a training programme for nurse-midwives who should be deployed in rural areas, and for the removal of the National Service hurdle which prevents many women from enlisting in such a programme.

PPP Assemblyman, Harri-
paul Nekta, the Opposition's

spokesman on Interior and Amerindian Affairs, told the House about outbreaks of malaria and typhoid in interior locations in a background of a shortage of doctors to administer treatment in those locations. 'A doctor in some of these areas' he declared, 'is like Halley's Comet. He comes once in many years.'

Mr. Nekta gave Parliament a rare treat on real knowledge of interior sufferings when he explained how residents have to walk on foot for one and a half days and row in boat for three days in order to obtain medical attention. He named the areas adding that the PNC officials do not know even the names of these places. 'Do they get a lot of votes there?' He volunteered to take the Health Minister on a conducted tour of interior locations where the medical services have collapsed or are non-existent.

UP Parliamentarian, Anthony Abraham, seconded the PPP motion, describing it as timely. The PNC were, however, not moved and at voting time they gave a thunderous 'No' to the Motion calling for improvement in health care for rural and interior residents.

Health Minister's Response

Georgetown GUYANA CHRONICLE in English 19 Jun 86 pp 1, 4

[Text]

HEALTH Minister Dr. Richard Van West-Charles yesterday told the National Assembly of comprehensive programmes undertaken by Government to provide health care to Guyanese in both urban and rural communities.

The Health Minister corrected several Minority Party members' claims as regards alleged deficiency in the health services in rural areas, as he spoke during debate on a motion on interior medical facilities moved by the PPP's Janet Jagan.

The motion, which was defeated, sought to have the Assembly recommend "that adequate medical personnel be provided in all rural and interior districts and that all health centres be staffed and also provided with sufficient drugs, medical supplies and means of communication so that they can give positive assistance."

Cde. Van West-Charles said a lack of information and an unwillingness to travel, on the part of the Minority speakers on the motion, was evident.

SYSTEM

Government has instituted a five-tier system of health service, beginning with health posts in communities of about 100 residents, moving up through larger facilities of health centres, district hospitals, regional hospitals, and the referral hospital, in Georgetown.

With the IDB assistance, health facilities have been expanded at a cost of some \$40 million, involving the construction of several health centres, district hospitals and the regional hospital at Bartica on the West Demerara. Training of personnel has also been undertaken on an unprecedented scale, he told the Assembly.

More than 80 community health workers have been trained in a new programme, and another 30 will be trained this year.

Specialist dispensers and Midas personnel have also been trained.

And 102 Midas personnel are now deployed in rural communities, he stated.

Responding to Minority allegations of inadequate communication equipment at outlying health facilities, the Health Minister reported

that a two-way radio system has been introduced, linked to the telephone system, enabling contact with any health centre from the Ministry in Georgetown. The systems at the centres are all solar-operated and are all functioning, the Minister said.

In addition, 14 boats and 13 Land Rover-type vehicles have been deployed and more have recently arrived for use in the outlying areas. Ambulances have also been placed in the rural communities, the Minister told the Assembly.

He said drugs and supplies are being sent to the health stations constantly, and denied there was a situation recently when there was no X-ray film. He explained that when stocks were low it was decided to restrict the use of film to emergency cases, while employing other diagnostic methods in less urgent ones.

The Minister invited the Minority members who spoke on the motion to visit the outlying areas to see what is taking place and then return to the House with a motion commanding Government for what is being done.

Government Expenditures

Georgetown MIRROR in English 13 Jul 86 p 1

[Text]

Government recently secured approval for supplementary expenditure in relation to the medical services. Specifically the sum spent was \$1.4 million 'to meet the increased cost of drugs and medical supplies' in 1985. A previous sum of \$6.8 million was originally voted, making a total of \$8 million.

The PPP during the debate criticised the appalling conditions

prevailing in the medical services and called for overall improvement in hospital conditions. Spokesperson for social services Janet Jagan, took a dim view of the state of affairs. She referred to chronic shortages of the basic essentials and urged the Minister to explain why things are falling apart in the nation's health service.

She said that 'doctors and

nurses do not have even elementary items needed' and mentioned sterile gloves, sponges, cotton wool. The veteran MP opined that 'it seems to be due to lack of management, if it isn't money'. 'The Health Ministry must pull up its socks and programme its purchasing, so as not to create hardships for medical personnel. The administrative section of the Ministry is not doing its business'.

In his reply Minister Van West Charles made usual glowing remarks about government policies, glossed over the problems, and laid the blame for the need for more money on 'the increasing costs of medical items'.

/9274
CSO: 5440/110

HEALTH MINISTER MEETS WITH REGIONAL HEALTH OFFICERS

Georgetown GUYANA CHRONICLE in English 10 Jul 86 p 1

[Article by Joel Persaud]

[Text]

A two-day half yearly Programme Evaluation Meeting of Regional Health Officers got under way yesterday morning at the Ministry of Health Medex Building, Liliendaal, with a call from Minister of Health, Dr. Richard Van West-Charles for health officers to establish closer links with the communities they serve.

Emphasis on community involvement and participation in the extension of health services was the major focus in the Minister's presentation. Health programmes, he said, must be aimed at the community and health officers should adequately prepare themselves to serve by moving out from the hospitals and health centres into the communities and work among the people.

At the two day meeting, Regional Health Officers from the ten Administrative Regions will present reports of activities in their respective regions. These reports will identify difficulties faced by health workers and the meeting will collectively address

these matters to come up with solutions.

The Minister, in his address, told the gathering that since the health system was now fully regionalised, much depended on the workers in the field.

There must be the establishment of an efficient information mechanism, by which health workers will not only be able to collect information pertaining to health, but must also be able to use such information in planning programmes for the people, Dr Van West-Charles said.

Administering to the needs of the sick was only one of the functions of the Regional Health Officers. They also have a great role to play in educating workers, such as farmers and mine workers, concerning some of the dangers inherent in their work environment and precautions that should be taken.

The Minister also called for more inter-sectoral co-operation among health workers and other agencies that operate in the communities. This co-operation

should manifest itself in dialogue between health officers and other personnel in communities to bring about improvements in the people's standard of living.

The reports of the various Regional Health Officers will come under the scrutiny of Programme Heads and other senior health officials. These officials will collaborate to find solutions to the problems that are likely to come up in the reports.

At the sessions this afternoon, reports will also be presented by the Principal Medical Officer on Epidemiological Surveillance and Environmental Services Dr. Edgar London; the Administrator of the Georgetown Hospital, Cde James Grant; the Government Analyst Dr. Chatterpaul Ramcharan, and the Chief Maintenance Officer Cde V. Hill.

Decisions taken at this evaluation meeting are expected to be implemented without delay and these will be reviewed when the Regional Health Officers meet again for a similar evaluation exercise at year end.

/9274
CSO: 5440/110

REPORT INDICATES MALNUTRITION RATE IS HIGH IN CAPITAL

Georgetown MIRROR in English 6 Jul 86 p 2

[Text] The report of the Medical Officer of Health for the City of Georgetown for the months of April and May, 1986 show a continuing problem of malnutrition in children and high infant mortality rates. For April, the Medical Officer of Health reporting to the City Council on May 26, stated that 243 children up to the age of 6 years were treated for "under nutrition Grade III, while 111 children were treated for Grade II. Reporting on June 23 for the month of May, there were 21 children treated for malnutrition Grade I and 319 for Grade II.

In April, there were 245 births reported in the city, while 54 infants one year and over died, and 20, under one year died. This gives a high statistic of 81.63 deaths per 1,000 live births in the capital city. And for May, reported in June, the deaths for infants one year and over were 48, for under one year, the figure was 16 out of 251 reported births for the same period. The statistic of 63.75 per 1,000 live births was given.

Deaths of children due to diarrhoea and enteritis for the two month period totalled 10.

In the National Assembly last month, during a debate on a PNP motion calling on the government to provide adequate supplies of milk, particularly for the child population, the Trade Minister declared that milk was not essential to the diet of children. This was hotly disputed by PPP members who declared that the majority of cases of malnutrition arose out of poverty and insufficient milk to children, who required a pint a day to keep in good health.

The City Council reports show that in a two-month period 694 children were treated for malnutrition, 354 in April and 340 in May. This includes only those who parents took them to clinics; it does not include many others so far undiagnosed, those being treated privately, or children who are in institutions. Thus the figure should be much higher.

/9274
CSO: 5440/110

BRIEFS

ANTI-MALARIA CAMPAIGN--The Ministry of Health yesterday morning received a quantity of items, purchased with a \$100,000 (US) grant from the United Nations Development Program (UNDP). The package includes 21 high-powered microscopes, medical supplies and laboratory equipment, four inflatable boats, 13 outboard engines and three Toyota 'Banderante' vehicles. The equipment will be used in the regional malaria eradication and treatment programme sponsored by the Ministry of Health. In picture, Minister of Health, Dr. Richard Van West-Charles, who received the items, examines some of the microscopes. From left are Senior Administrative Assistant, UNDP, Joan Fields, who made the presentation on behalf of UNDP Resident Representative in Guyana Cecile Davis; Medical Officer of Health Dr Keith Carter; Chief Medical Officer Dr. Enid Denbow and Permanent Secretary within the Ministry of Health Claude Philadelphia. [Text] [Georgetown GUYANA CHRONICLE in English 18 Jun 86 p 1] /9274

CUBAN DOCTORS--Two new Cuban doctors have assumed duties at the Port Mourant hospital, Corentyne, to help strengthen the medical service in Region Six. The appointments of Dr. Teodoro Rodriguez, and Dr. Waldo Jorrin have now enabled the hospital to provide a 24-hour service to residents on the Lower and Central Corentyne. The doctors assumed duties less than a month ago and have so far treated over 4,114 patients, and are holding medical clinics daily. Many of the patients who have been treated at the hospital by the new doctors, spoke in glowing terms of the services by the doctors, and praised Health Minister Dr. Richard Van West-Charles for his action. [Text] [Georgetown GUYANA CHRONICLE in English 28 Jun 86 pp 4-5] /9274

CSO: 5440/110

HEAVIER PENALTIES IN STORE FOR UNSANITARY FOOD DEALERS

Hong Kong HONG KONG STANDARD in English 15 Jul 86 p 5

[Text]

NEW food laws imposing heavier penalties on unsanitary food dealers are likely to be introduced by next summer.

This was disclosed yesterday by Urban Councillor Miss Yeung Lai-yan, Regional Councillor Dr Pang Hok-tuen and the Urban Services Department's hygiene advisor, Dr Ronald Perry, after the opening ceremony of the 1986 Food Hygiene Campaign.

Noting that the current maximum fine is \$10,000, Dr Perry said that the new laws would increase the penalty.

As to the maximum period of imprisonment, he said the matter had still not been discussed. But there would be no drastic change as the present jail term of six months is considered sufficient, he added.

Besides, he said, "penal-

ty is not the best solution to the problem. It is better to educate and instruct food dealers before new laws are passed."

During the past two months, there were 670 prosecutions for violations detected in 30,575 inspections of restaurants and other eating houses carried out by the Urban and Regional Councils following several complaints of food poisoning this summer.

Dr Pang explained that the 1986 Food Hygiene Campaign, organised jointly by the Urban and Regional Councils, was aimed at increasing the food dealers' knowledge of food hygiene, raising hygienic standards and protecting public health.

Miss Yeung Lai-yan is the Chairperson of the five-week-long campaign for which 15,000 invitations have been sent to representatives of various food premises requesting them to attend food hygiene

seminars.

This is the first time the Regional Council is taking such a campaign to the New Territories. The seminars will be supervised by the Chief Health Inspectors. Leaflets and posters will remind food dealers to obey the rules.

/12828
CSO: 5440/111

HONG KONG

BRIEFS

CHOLERA CONFIRMATION--The Medical and Health Department yesterday advised the public to take precautions against cholera and other gastrointestinal diseases, such as typhoid and dysentery, during the summer months. A department spokesman said that viral hepatitis and food poisoning were also commonly associated with the warm weather. The spokesman warned the number of food poisoning cases has been on the increase recently. A total of 64 cases was reported during the second quarter of this year compared with 34 cases in the first quarter. He added that there have been three cholera cases reported in Hongkong so far this year, though two of them originated outside the territory. [Text][Hong Kong SOUTH CHINA MORNING POST in English 15 Jul 86 p 19]/12828

CSO: 5440/111

OFFICIAL DEEMS PANIC OVER AIDS 'UNNECESSARY'

Calcutta THE STATESMAN in English 26 Jul 86 p 3

[Text] THERE is unnecessary panic among some people in the city following reports regarding AIDS in the Press and Doordarshan, according to Dr N. N. Sen, Director of School of Tropical Medicine and Chairman of the State Committee on AIDS. Another member of this committee said Doordarshan was giving it "undue" publicity. The virology wing of the School of Tropical Medicine has been receiving seven to eight requests a day from different people to have AIDS tests conducted on them.

Recently, a young businessman kept pestering the virology wing to have the test conducted on him. He complained that his health was deteriorating and the body resistance gradually diminishing. Failing to dissuade him, the Tropical School authorities carried out some blood tests and assured him he had nothing to fear. The man refused to accept the results of the test and went to Delhi to have himself examined by AIDS specialists there.

Dr N. N. Sen said there was no reason to panic about the disease. He said those who came to the Tropical School with such requests were aware that the Tropical School had not yet opened an AIDS detection centre. He said that though the committee was formed a few months ago, the Indian Council of Medical Research had not yet provided the Tropical School with the money or equipment necessary for opening such a detection centre.

The ICMR is taking a long time to send the money asked for by the State Committee. Only on Thursday did the Tropical School receive Rs 50,000 from the ICMR and this will be used for setting up the basic infrastructure and making the laboratory free of germs. The Elias reader, one of the major pieces of equipment required for such a test and which costs about Rs 1.5 lakhs, is yet to be sent by the ICMR to the Tropical School. Dr Sen will visit Delhi on Monday to hold talks with the ICMR authorities to expedite the despatch of money and equipment.

Dr Sen said such panic might result in a fall in the donation of blood by voluntary blood donors. Such a drop in blood donation has been noted in the USA and, very recently, in Bombay, too. Dr S. B. Dutta, Director of the Central Blood Bank and the convenor of the State AIDS Committee, said that though there had been an appreciable fall in the blood donated by voluntary blood donors in the month of June, it could not be said the donors were afraid of being detected as having AIDS. He felt the voluntary blood donors did not belong to the high-risk groups and had no reason to be worried. Explaining the fall in blood donation in June, Dr Dutta said the summer heat might have kept donors away. He said that during his visit to the camps in June, he had learnt that most donors stayed away since they had kept awake at nights watching World Cup football matches.

The National Institute of Cholera and Enteric Diseases, which is proceeding with the AIDS tests and has collected a large number of samples, is still awaiting the arrival of a filter from Hongkong. The NICED has not yet received any request for such examinations from the people - except from a medical scientist.

/12828

CSO: 5450/0188

FEAR OF AIDS IN BOMBAY LEADS TO BLOOD SHORTAGE

Bombay THE TIMES OF INDIA in English 22 Jul 86 p 6

(Text) BOMBAY, July 21: There is an acute shortage of blood in the city's blood banks because of a mischievous fear of AIDS among voluntary blood donors.

The chairman of the Federation of Bombay Blood Banks, Mrs. Leela Moolgarkar, told reporters today that the blood collection process had come to a "virtual halt" ever since Doordarshan started telecasting the message that AIDS could be transmitted through blood transfusion.

Major planned operations, including open heart and kidney transplant ones, had been postponed in various hospitals because of the dwindling stock of blood, Mrs. Moolgarkar said. The number of voluntary donors had dropped by over 50 per cent in the last two months, she added.

The federation chairman who has already written to the Union minister for human resources development, Mr. P. V. Narasimha Rao, to apprise him of the counter-productive nature of the ban, clarified that donors did not have any risk.

Donating blood does not in any way affect the donor's health, she

said. There was no question of contamination, because all the blood sets, including sterilized needles and capillaries were used only once and then destroyed.

If voluntary donors shied away from donating blood, blood banks would be forced to get their supplies from professional sellers whose blood is far from healthy, Mrs. Moolgarkar cautioned.

Calling upon voluntary donors to donate blood without any apprehension, she said that blood banks needed a continuous supply because blood was a perishable commodity, its shelf life being only 21 days.

Representatives of various blood banks present at the press conference said that today a donor's blood was tested for V.D. and Hepatitis-B. They did not have AIDS detection tests yet because of the phenomenal expenses involved but some detection centres were being set up, they said.

Blood bank officials also called upon parents to get their blood tested before pregnancy to avoid children being born with thalassemia, a dreadful hereditary blood disorder in which the red blood cell production is defective.

/13104
CSO: 5450/0184

BLOODSELLERS REPORTED TO THRIVE ON AIDS SCARE

Bombay THE TIMES OF INDIA in English 26 Jul 86 p 1

[Article by R. S. Venkatesh]

[Text]

COMMERCIAL blood banks in the city are doing roaring business in the wake of the shortage of blood from voluntary donors who have been overcome by the fear of AIDS (acquired immunity deficiency syndrome).

The price of a bottle of blood (300 ml) from these private blood banks, which depend on paid "professional" donors for their supply, has gone up by Rs. 100 to 150 in the last two months.

Though the cost of blood generally varies with demand, the average rise has been a hefty 50 to 100 per cent. A bottle of Rh positive blood now costs around Rs. 250 while the scarce Rh negative blood sells at nearly Rs. 400.

This is a further indication of the acute shortage of blood in hospitals in the city, which was highlighted by the Federation of Bombay Blood Banks only last week.

The federation chairman, Mrs. Leela Moolgavkar, had said that the blood collection process had come to a "virtual halt" and that major operations, including open heart surgery and kidney transplants, had been postponed because of the dwindling stock of blood.

She had attributed the reason for the fear of AIDS among voluntary blood donors to the documentary on Doordarshan which said that the dreaded disease could be transmitted through blood transfusion.

With the AIDS scare, the contribution of voluntary donors, who

used to donate almost two-thirds of the 1.5 lakh litres of blood per annum required in the city, has come down to less than 50 per cent.

What has alarmed doctors is not just the shortage of blood and the resulting postponement of operations, but the compulsion of having to rely on private blood banks. For, blood from these banks has been known to be of inferior quality and the cause of diseases like hepatitis-B and anemic and venereal disorders.

Thus by shying away from donation, voluntary donors would only be encouraging professional donors — some of them donate ten times a month for the Rs. 30 per bottle they get — which will have a detrimental effect on the success rate of operations requiring blood transfusions, doctors said.

According to Dr. J. G. Jolly, founder of the Indian Society of Blood Transfusion, Chandigarh, the only way to combat AIDS is to stress the importance of more voluntary donors, since a lot of drug addicts and homosexuals, who are potential AIDS carriers, end up as paid professional donors.

One reason for the fear of voluntary donors now is that many private hospitals continue to use reusable needles which, if not properly sterilised, can aid transmission of diseases. But Mrs. Moolgavkar said that it had been made mandatory in all state and municipal hospitals to use disposable needles.

The federation was also running new campaigns to educate the public on the total safety in voluntary blood donations, she added.

/12828

CSO: 5450/0189

BOMBAY WOMAN DEVELOPS AIDS COMPLICATION

Bombay THE TIMES OF INDIA in English 19 Jul 86 p 3

[Text] BOMBAY, July 18: A 28-year old woman in the city is reported to be suffering from an AIDS-related complex.

The woman, who is reported to have had a blood transfusion in an Abu Dhabi hospital three years ago, was diagnosed as having the complex by her private doctor.

The antibodies virus examination called the Elisa (Enzyme-linked immunosorbent assay) test was positive in her case. The follow-up Western Blot test done at the National Institute of Virology, Pune, was also reportedly positive.

Dr I.P. Gilada, project co-ordinator of the AIDS cell at the J.J. hospital, where the Elisa test was done last month, said samples of the AIDS virus culture had been despatched to the Centres for Disease Control, Atlanta, in the United States.

Her doctor suspected that the woman was suffering from the complex when she lost about 10 kg weight in the last four months, was suffering from anaemia, diarrhoea, fever and had a low blood count.

However, she is reportedly doing "reasonably well" and is at home.

This case comes just one month after the death of a city businessman, Mr B.R. Makhija (52), in Jaslok hospital reportedly from the AIDS-related complex.

Meanwhile, the first meeting of the 18-member state-level committee for monitoring AIDS was held at Mantralaya today, under the chairmanship of Mr. D.T. Joseph, health secretary.

The committee has issued a public appeal to all those who have undergone coronary by-pass operations, kidney transplants or have had blood transfusions in the U.S. and the U.K. between 1980-85 to undergo the Elisa and Western Blot test. Anonymity will be ensured to all those who will volunteer blood samples, the committee said.

The committee recommended the popularising of condoms to preclude the incidence of AIDS. The J.J. AIDS Clinic is to be upgraded into a full-scale surveillance centre.

OUTBREAKS OF MALARIA, KALA-AZAR REPORTED

Calcutta THE STATESMAN in English 23 Jul 86 p 2

[Text]

Calcutta, July 22: At least 100 persons have died of malaria in the past four days in Cooch Behar district. Of these, 73 died in the Toofanganj subdivision alone, according to the state health department.

A spokesman of the department admitted today that there were reports of an outbreak of malaria and kala-azar in an epidemic form in several parts of North Bengal. He said the state government had sanctioned Rs 14 lakhs and rushed special medical teams to the affected districts.

The minister of state for health, Mr Ramnarayan Goswami, recently apprised the acting chief minister, Mr Benoy Chowdhury, of the outbreak of the epidemic. The two state ministers from North Bengal, Mr Nani Bhattacharya and Mr Kamal Guha, have requested Mr Chowdhury to immediately release adequate funds to the affected districts.

Officials fear that a kala-azar epidemic might strike Malda, West Dinajpur, Murshidabad and 24-Parganas districts. The malaria epidemic might also spread from Cooch Behar to adjoining districts.

According to official reports, cases of kala-azar have been reported from Harishchandrapur, Ratua, English Bazar, Old Malda and Habibpur in Malda; Tapan, Kaliganj, Itahar and Karandighi in West Dinajpur; and Suti, Raghunathganj, Samserganj and Farakka in Murshidabad. There were also reports of outbreak of the disease at Barrackpore, Sandeshkhali and Hingalganj in 24-Parganas.

BRIEFS

AURANGABAD POLIO DEATHS--Aurangabad, July 30--Twelve deaths of children in the age group of one month to three years have been reported from Aurangabad city alone, following an outbreak of polio epidemic in the district. According to a senior health officer, though the incidence of the disease has been reported to be higher than normal in about 17 districts of the state, Aurangabad has been the worst hit, with a higher death rate. The fact that about 11 percent of those who contracted the disease had undergone vaccination gave rise to the suspicion that a different strain of polio germ had become active. Over 39,000 children in the age group of one month to three years have been vaccinated in the district. The Haffkine Institute, however, has collected blood samples from patients and experiments are already on. Private doctors, meanwhile, have said the incidence of polio has come down among the residents of the city, while jaundice has registered an uptrend. [Text] [Bombay THE TIMES OF INDIA in English 31 Jul 86 p 6] /9317

PANIC OVER GASTROENTERITIS--Ahmedabad, July 24--Ten people including two women and six children died of gastro enteritis in the eastern industrial suburb of Naroda between last night and this afternoon. More than 100 cases of gastro enteritis have been reported. Thirty-five patients have been undergoing treatment at the municipal Shardaben Hospital and more than a dozen patients have been admitted to an impromptu hospital set up by the civic body. Panic has gripped the entire area and a number of residents have left their houses for their native places with the outbreak. The dead included six children, two men and an equal number of women. UNI adds: An unconfirmed report said some 5,000 people residing in slums were affected. Enquiries at various hospitals in the city revealed that more than 200 seriously affected people were admitted since late last night. The city municipal commissioner, Mr N.M. Bijlani, told reporters that the tragedy occurred as drinking water supplied in PVC pipes got mixed up with drainage water. Water is now being supplied through tankers. [Text] [Bombay THE TIMES OF INDIA in English 25 Jul 86 p 12] /9317

TROPICAL DISEASE MENACE--India has launched an ambitious programme to combat the menace of tropical diseases that afflict millions of people by developing a new brand of effective vaccines, based on the latest techniques of genetic engineering. Under this programme, vaccines are being developed to control population growth, leprosy, malaria, rabies, polio, tuberculosis, typhoid,

amaebiasis and filariasis. This was stated by Dr S. Ramachandran, secretary, Department of Biotechnology while addressing the members of the Indian Science Writers Association here on Saturday. Dr Ramachandran said the recent epoch making discoveries which have led to the development of techniques of genetic engineering, cell-cell fusion amongst plants and animals and microorganisms and manipulation of enzyme and metallic pathways have opened up new possibilities of production. [Text] [New Delhi PATRIOT in English 28 Jul 86 p 5] /9317

SUSPECTED AIDS CASES--Cuddalore, July 20--A few blood samples suspected to be infected with AIDS have been identified in South Arcot. Stating this to newsmen here on Friday, Mr R.D. Panda, District Collector, did not specify the number of samples identified. [Text] [Madras THE HINDU in English 21 Jul 86 p 12] /9317

CSO: 5450/0190

BRIEFS

GASTROENTERITIS IN EAST JAVA--Surabaya, 1 Aug (ANTARA)--Fourteen people have died while another 834 are still being hospitalized following an epidemic of gastroenteritis in the regency of Jember, East Java at present. The head of the regional office of the ministry of health, Dr. Marly Soeradi, said Thursday that most of the dead victims had been late to get medication. He said the epidemic in the regency's nine villages had most likely originated from the bad environment of the villages which have no drinking water facilities. Thirty per cent of the dead victims were children. The rest were old men and women. Local authorities have deployed 85 doctors and paramedics to fight the disease. [Excerpt] [Jakarta ANTARA NEWS BULLETIN in English 1 Aug 86 p A7] /9274

TB STILL PREVALENT--Bandung, 6 Aug (ANTARA)--Lung Tuberculosis is still a national health problem in Indonesia considered from the point of view of its prevalence among the people, a physician specialising in the disease said here. Dr. Eddie S. Soemantri of the Hasan Sadikin General Hospital here said according to the latest survey, of every 1,000 Indonesians four are suffering from lung tuberculosis. Dr. Eddie was speaking in a news conference held on the eve of a symposium in which the problem of the handling of the disease would be discussed by experts. He acts as the chairman of the symposium's organizing committee. [Text] [Jakarta ANTARA NEWS BULLETIN in English 6 Aug 86 p A3] /9274

DENGUE FEVER IN WEST JAVA--Jakarta, 18 Aug (APP)--At least 11 children have died in the west Javanese village of Nameng since dengue fever struck the region last month, a newspaper here reported Monday. The newspaper PIKIRAN RAKYAT quoted Nameng village chief Mad Tarim as saying that all victims were children below 5 years of age. It also quoted the head of the district health office as saying that he had not yet received reports of the deaths but he acknowledged some 30 children were under treatment in Nameng. In Indonesia, the haemorrhagic fever has in the past 5 years struck an annual average of 13,000 people with a death percentage of around 4 percent, official figures said. [Text] [Hong Kong AFP in English 0344 GMT 18 Aug 86] /9599

CSO: 5400/4409

CONTRACTS SIGNED TO UPGRADE FIVE HEALTH CENTERS

Kingston THE DAILY GLEANER In English 25 Jul 86 p 33

[Text]

Five contracts for the renovation of five health centres across the island were signed on Tuesday, July 22 at the Ministry of Health by the Parliamentary Secretary Dr. Horace Chang.

The contracts valued at J\$917,884.97 brings the number of contracts already signed to 44 of a projected 48 that should cost in the region of J\$7,796,000. The five centres are Manchooneal in Portland, Port Morant in St. Thomas, Rivedale in St. Catherine, Parks Road in St. Andrew and Trench Town in Kingston.

Speaking at the signing ceremony, Dr. Chang said that the health centres were under the classification of "minor renovations" and that some J\$6,589,204 has been spent on this category to date. In the "major renovation" element of the programme, a proposed J\$5,418,391 would be spent on three health centres — Denham Town, St. Jago Park and Gayle Health Centres.

He said contracts for upgrading security at the Island Medical Stores and for the rehabilitation of the cold and chill rooms there had already been signed. And in an effort to improve the flow of drugs across the island, five supply depots would be

built in five parishes at a cost of just over J\$1 million. The five parishes are Trelawny, St. Mary, Clarendon, Manchester and St. Thomas.

The programme of renovation known as "Health Management Improvement Project", is a joint venture between the Ministry of Health, Government of Jamaica and the United States Agency for International Development (USAID). It is designed to upgrade the management of the delivery of health-care services with particular reference to primary health care in Jamaica.

Signing on behalf of the contractors were Mr. Tekel Morgan, Mr. Adolphus Graham, Mr. R. Villers, and Mr. Reginald Campbell. The Ministry of Construction will observe construction of the projects.

Also at the signing were Dr. Christine Moody, Project Manager and Mr. Rupert Ramcharan Permanent Secretary in the Ministry of Health. Mr. Ramcharan said in brief remarks that the quality of work rendered must be of good standards. He asked those from the communities who got the contracts to ensure that good work is done and that contracts are executed within the set time.

/12828
CS01 5440/114

BRIEFS

SCHOOL IMMUNIZATION REQUIREMENT--A massive immunization programme, targeted to immunize thousands of young children, will be conducted in Kingston during August, beginning on Tuesday, August 5. The drive is part of the Ministry of Health's efforts to ensure that all children under age seven years will be fully immunized prior to being admitted to school in September of this year. The new immunization law requires that children present their certificates of immunization to the school at the time of admittance; or present certificates of 'contra-indications', showing that for some medical reason the children have not been fully immunized. All children should be immunized against Diphteria, Whooping Cough, Polio, Measles, Tuberculosis by the age of one year. Two main centres for immunization will be the Glen Vincent Poly-clinic at 3 Trevennion Park Road, entrance on Eureka Road; and the Comprehensive Health Centre at 55 Slipe Pen Road. [Text][Kingston THE DAILY GLEANER in English 31 Jul 86 p 1]/12828

CSO: 5440/114

JAPAN

BRIEFS

RETURNEE FROM PHILIPPINES CONTRACTED CHOLERA--Tokyo, 8 Aug KYODO--A Japanese man who returned from the Philippines sick was found to be infected with cholera, the Tokyo Metropolitan Bureau of Public Health said Friday. The patient was given immediate treatment, and there is no danger of infection for people around him, the bureau said. The 49-year-old man from Kawasaki, Kanagawa Prefecture, traveled to the Philippines July 27 on business. He suffered from a serious case of diarrhea while he was there, according to the bureau. He returned to Tokyo August 2. This was the second cholera case found in Japan this year. [Text] [Tokyo KYODO in English 0904 GMT 8 Aug 86 OW] /6662

CSO: 5460/018

MALAYSIA

BRIEFS

DENGUE FEVER CASES--Kuala Lumpur, 16 Aug (AFP)--Thirteen new cases of dengue fever have been reported in Malaysia in the last 2 days, a health authority spokesman said Saturday. This brings the number of dengue fever and dengue haemorrhagic fever cases to 1,036 this year. The spokesman urged the public to keep their surroundings clean and to ensure they did not have breeding places for the aedes mosquito, carrier of the disease. [Text] [Hong Kong AFP in English 0948 GMT 16 Aug 86 BK] /9599

CSO: 5400/4408

MEXICO

BRIEFS

AIDS, MIGRANTS' SEXUAL PATTERNS CITED—Guadalajara, Jalisco, 17 Jul—Sixty cases of AIDS have been detected in this city from 1983 to the present, and half of the victims have died, revealed Eduardo Vazquez, the director of the Infectious Pathology Institute at the University of Guadalajara and of the Center for the Study of AIDS in the West. The main carriers of the disease are country folk who migrate to the United States to work, become bisexual (since there are many homosexuals there) and upon returning home revert to heterosexuality and have relations with their partners. "Women are thus alarmed about the spread of AIDS, because there are now cases among heterosexuals, not just homosexuals," the physician emphasized. He added that even though "just 60 cases have been identified, there are many carriers of the virus who develop antibodies but have not yet manifested clinical symptoms of the disease." He called AIDS "an imported disease" that must be monitored, given Mexico's proximity to the United States, starting with blood donors, homosexuals, hemophiliacs and intravenous drug users. Vazquez said that there have not been as many cases here as in the Federal District and in areas bordering the United States. [Excerpt] [Mexico City EXCELSIOR in Spanish 18 Jul 86 STATES section pp 1, 3] 8743

CSO: 5400/2079

MINISTRY: SPREADERS OF AIDS RISK UP TO 6 YEARS IN PRISON

Oslo AFTENPOSTEN in Norwegian 30 Jul 86 p 20

[Article by Marianne Lien: "AIDS Spreaders Risk Imprisonment"]

[Text] AIDS carriers can risk up to six years in prison for negligence if they transmit the disease. The precondition is that they are aware that they are exposing others to the disease without informing of this. For the time being no one infected with AIDS has reported such a situation, but according to criminal law they have the law on their side if they bring a lawsuit.

Others who know that AIDS carriers are behaving irresponsibly in this respect have the obligation to report this. The obligation to report applies not only to the carrier's close circle of acquaintances, but also physicians and other health personnel.

This comes from a report on criminal liability in connection with AIDS which the Justice Ministry prepared for the Health Directorate last year.

The statements made in the last few days by Ullevål Hospital Medical Director Magne Fagerhol to the effect that AIDS spreaders ought to be punished are therefore not at complete variance with the legislation in effect.

"I am not in disagreement with the rules we have today. There are several paragraphs which can cover criminal liability in connection with AIDS, and I cannot understand why my statements regarding punishment have been underscored so strongly," Fagerhol says to AFTENPOSTEN. He denies that his suggestions regarding stronger measures against AIDS imply any smear campaign against homosexuals.

"In my opinion it is necessary to have compulsory testing of the entire population. In addition, an attempt should be made to track down those who are already infected, regardless of their sexual preference," Magne Fagerhol emphasizes.

Specialist Physician Svein Erik Ekeid believes that the threat of criminal liability can be effective as one of many measures which are now being implemented in the battle against AIDS. However, he points out that any legal

cases against carriers depend on those who have been infected being willing to come forth.

If they do, they will receive the health authorities' complete support, he emphasizes.

A new law on infectious diseases is now in preparation. The bill will make those paragraphs which are now out of date more applicable to today's situation. The bill entails, among other things, the fact that the distinction will no longer be made between venereal diseases and other infectious diseases, but instead all "serious, generally dangerous and infectious diseases" will be dealt with under one heading.

Information Against AIDS

Information is the catchword of the Health Directorate's plan of measures against AIDS in 1987, which was presented to the Ministry of Social Affairs on Monday. The directorate is recommending a comprehensive information offensive and is placing special emphasis on reaching children and youth.

It has been proposed, among other things, that students in junior high school and high school receive basic knowledge regarding the danger of infection and infection preventing work. In addition, day nurseries and schools must be prepared in the future to accept infected children and youth. Both the school's personnel and students and employees must be prepared for this situation.

For needle-using drug abusers it is suggested that video films, illustrated brochures and other information material be developed which is tailored to this group.

The armed forces will also be able to be involved in the preventive work, for youth doing first-time service represent a large group which is easy to reach.

In addition, men who have sex with men have still been highly prioritized, and much of the information activity will take place under the direction of homosexuals' own organizations.

The stepping up of the measures against AIDS involves the fact that public appropriations will be multiplied as compared with this year's budget.

Today between 2500 and 3000 Norwegians are carriers. Each AIDS patient costs the health authorities about 20,000 kroner a year. It is expected that in 1987 AIDS will cost the hospitals between 100 million and 160 million kroner.

8831

CSO: 5400/2551

SUDAN

BRIEFS

MALARIA SPREADS IN NORTHERN REGION--The Ministry of Health has dispatched a team of senior Doctors and health workers to the Northern Province in an attempt to combat wide spread malaria and typhoid, the Minister of Health told the Constituent Assembly. He denied that there was an unknown epidemic in the area. Malaria has become an epidemic disease, he said. Egypt and Sudan are cooperating in eradicating it in the Northern region of Sudan. River steamers and motor cars will be used in the Northern reach to spray pesticide to eradicate all malaria carrying mosquitoes. Sudan has spent 800 thousand Dollars on pesticides, the Minister said. The question was raised by two Assembly members representing the region who claimed that an unidentified type of fever was spreading in that area and that all hospitals were full of sick people. They thought the outbreak was due to deterioration in hygenic conditions, contaminated drinking water and the presence of stagnant water ponds along the shores of the Nile left behind from the last flood. [Text][Khartoum SUDAN TIMES in English 28 Jul 86 p 1]/12828

CSO: 5400/4608

OVER 700 NEW TB CASES PER MONTH REPORTED

Cape Town THE ARGUS in English 8 Jul 86 p 5

[Text] CAPE Town is in the grip of a TB epidemic. About 700 new cases are reported each month and the figure is increasing.

An "alarmingly high" 400 new cases a month are reported from the Divisional Council area, where most of the Crossroads refugees are living.

The unrest had made fighting the disease much more difficult, said Divisional Council medical officer of health Dr Len Tibbit and the situation was cause for "considerable anxiety".

"During any unrest all clinic attendances are down, simply because people are afraid to go out. All our clinics report that last month's figures are down and this is most marked in the black areas.

It was vital for people to continue their treatment.

"Defaulting on treatment is serious because the patient is likely to have a relapse and because partial treatment builds up resistance."

The situation had been deteriorating for three years, particularly among black and coloured people, said Dr Tibbit.

This had been caused by the worsening socio-economic situation.

"But we've done a lot about it. We have the go-ahead from the Department of Health for an increase in the number of TB hospital beds in the Peninsula and we are increasing our community health nursing staff and the number of health educators. I am about to appoint 37 black community health nurses to cope in the black areas," he said.

The City Council's medical officer of health, Dr Reg Coogan, said 300 new cases had been reported in his area in May — an "unacceptably high" figure.

But an improvement in the availability of medicines, X-ray facilities and the supply of beds should enable the council's health department to cope, he said.

/12828
CSO: 5400/167

SOUTH AFRICA

BRIEFS

MEASLES OUTBREAK KILLS EIGHT--An outbreak of measles in Duncan Village has killed eight children, put lives at risk and threatens to spill over into surrounding areas if not contained. About 50 people had been admitted with complications to frere Hospital since the outbreak in July, medical superintendent Dr Peter Mitchell confirmed last night. The only clinic in the area was destroyed in the unrest last August and health services are being dispensed from the local health centre on the periphery. A report was tabled at last night's local action committee meeting and the chairman, Mr Donald Card, made an appeal to residents to allow health teams in to contain the outbreak. [Text][Johannesburg THE STAR in English 5 Aug 86 p 4]
/12828

CSO: 5400/169

VECTOR BORNE DISEASES REAPPEAR, SPREAD

Kampala WEEKLY TOPIC in English 2 Jul 86 p 16

[Text]

THERE has been renewed attacks and spread of human vector-borne diseases in Uganda partly because of the collapse of Vector Control Division (VCD), a department in the Ministry of Health.

The department is charged with, among other responsibilities, identifying and controlling all human vector-borne diseases such as malaria, river blindness, bilharzia, plague (Kawumpuli), sleeping sickness and others.

It is supposed to identify vectors that transmit these diseases, survey and map out the distribution of these diseases and their causal vectors and determine their concentration.

Periodically it is supposed to carry out tests on susceptibility and resistance of vectors like mosquitoes, flies, bed-bugs, rodents, mites, fleas, ticks and others. It is also supposed to advise local authorities on how to carry out efficient minor control operations in their areas.

Until recently, the department was charged with the responsibility of screening insecticides and rodenticides meant for public health use. It used to determine the effects of these chemicals on environment.

The VCD also carries out training of assistant field officers and in vector and vector-borne disease control, as well as on job training for newly recruited entomologists from the University. It liaises with other national and international pest control organisations.

According to sources from within VCD, there is, today, worrying resurgence of vector-borne diseases. Malaria which had been suppressed by 1960 has taken a U-turn.

It is today rampant everywhere in the

country. There are already cases of some types of malaria that have become resistant to the commonly used drugs like chloroquine on increase, the sources contend.

River blindness is reportedly rampant on slopes of Mt. Rwenzori, Masaika Hills of Mbale, Arua and Nebbi districts and Kagungo area of Kabale, as well as Budongo areas of Masindi district. It has also claimed areas where it never used to be, such as Bushenyi district, the sources said.

Intestinal bilharzia is said to be widespread throughout the country but the highest incidence is reported to be in what is known as 'Pangimur Focus' of Nebbi district, including the whole of Janjan county. Large areas of Arua and Moyo districts are said to be badly affected.

Urinary bilharzia is rampant in Lira and Apac districts. Victims pass blood in the urine.

Plague (Kawumpuli) is reportedly dominant in Nebbi district, particularly in Pidha county. Kawumpuli had almost been eradicated in the country.

Sleeping sickness epidemics are today reported in Busoga and Bukedi region including districts of Jinja, Kamuli, Iganga and parts of Tororo. Affected areas in the North include Moyo, Gulu, and Aringo and Kotoko counties of Arua.

Established in the late 1920s, the VCD is today incapable of carrying out diagnosis of vector-borne diseases, leave alone control measures. The department seemed to have reached its zenith in the 1960s and since then it has steadily declined.

The sources informed Weekly Topic that a total staff almost 80, including five entomologist doctors, 71 field assistants are today redundant at both their Kam-

pala headquarters and up-country stations. Over 300 porters were said to be doing nothing currently. The department's up-country stations are in Jinja, Mbale and Fort Portal.

VCD seriously lack field and laboratory facilities as well as laboratory re-agents and insecticides. Equipment like centrifuge, generator, refrigerators, incubators, test-tubes, beakers, slides, tents, camp beds, etc. are very necessary but all are lacking. Laboratories at the headquarters show signs of having been out of use for many years.

The Division has no vehicle whatsoever, both at the head office and up-country units. The only vehicle the division had since 1980 was a VW Combi donated by German Red Cross for sleeping sickness control in Busoga. But because of lack of maintenance funds, it broke down and was auctioned off by the Ministry of Health last year without the knowledge of VCD. For three years, the Combi was reportedly maintained on personal funds from individual officers at the Division.

Weekly Topic further learned that the division has been getting a vote of 10m/= every financial year. But the source lamented that this vote was meant for all their expenses including salaries, equipment, running a vehicle, chemicals, wages and allowances. Out of this, 6m/= is supposed to be for purchasing equipment although nothing has been bought for long and none knows where the 6m/= go.

Up country units of VCD have been redundant since 1979, it was said. The headquarters building are in dire need of whitewash. Extension offices started before 1960 have remained on the foundation.

BRIEFS

BUBONIC PLAGUE DEATHS--The minister of health has disclosed that 27 people have been killed and more than 250 struck down by Bubonic Plague since April this year. The NEW VISION newspaper today quoted the minister of health, Dr Ruhakana Rugunda, as saying that the government has been aware of the problem since then and has taken appropriate measures to control the epidemic. He disclosed that the ministry has sent 20,000 capsules of Tetracycline and Chloramphenicol to Nebbi [in northwestern Uganda] as well as 4,000 tablets and vials of penicillin. Two bags of 80 percent DDT have also been dispatched. Further supplies of DDT are expected to arrive from the World Health Organisation in the very near future. [Excerpt] [Kampala Domestic Service in English 1000 GMT 8 Aug 86 EA] /12913

FURTHER PLAGUE DEATHS--The Deputy Minister of Health, Dr (Bawala) has been on a five day tour of West Nile to discuss with government authorities the problems and progress in various hospitals and health units. Addressing the staff of the Ministry of Health in Arua, (Kaboko), and (Jumbe) he also urged the international aid agencies to coordinate with the health staff on medical matters pertaining to returnees. About 5,000 Ugandans returned to (Koboko) in June. The deputy minister also visited Nebbi District, where 40 people have died of Bubonic Plague in the last two months. [Excerpts] [Kampala Domestic Service in English 1700 GMT 9 Aug EA] /12913

CSO: 5400/168

MENINGITIS DEATH RAISES FEARS OF EPIDEMIC

London DAILY TELEGRAPH in English 26 Jul 86 p 5

[Article by Paul Stokes]

[Text] FEARS that an outbreak of meningococcal meningitis is reaching epidemic proportions are growing after the death of a seven-year-old boy in Stroud, Gloucestershire. It was the third death in the town from the disease since 1981 and the sixth in the county as a whole.

Christopher Knight died on Wednesday night less than 24 hours after being taken to the Royal Hospital in Gloucester. Two other boys, aged four and five, were said yesterday to be "holding their own."

Health officials in the southwest have called a meeting in Bristol next week to consider how best to deal with the problem affecting the region. Somerset Health Authority yesterday reported three deaths from the disease this year from 15 cases, compared with only five cases in 1985.

The Gloucestershire area has 14 times the national incidence rate for the disease, according to recent figures, with 21 cases reported this year.

Last year, 549 cases were notified in Britain, more than at any time since 1976, with the increase still continuing.

Priority research

Mr Steven Tomlin, chairman of the Stroud Meningitis Support Group, which is raising £100,000 for research, said: "We have called for the designation of Gloucester and Avon as an area of priority research, financed by the Government."

Mr Philip Knight, 32, and his wife, Sue, 30, Christopher's parents, said they thought he was only suffering from a mild illness until the doctor was called.

Mr Knight, of Midland Road, Stonehouse, Gloucestershire, said: "Christopher was taken by ambulance to hospital and 10 minutes after he arrived he had a heart-attack. The doctors managed to save him and put him on a life-support machine but he died within 24 hours."

/12828
CSO: 5440/115

REPORT URGES CHANGES IN NHS HOSPITALIZATION POLICIES

London DAILY TELEGRAPH in English 21 Jul 86 p 4

[Text]

A SHAKE-UP in the Health Service involving a switch of patients to private care where it is cheaper, is urged in a report today.

The report, from the Adam Smith Institute, the private sector "think tank", argues that the Health Service's heavy reliance on hospital care is unnecessarily expensive for the tax-payer and inconvenient for the patient.

Dr Eamonn Butler, the author, says doctors' surgeries should be upgraded to handle X-rays, other tests and minor operations to reduce the load on hospitals.

He also suggests switching funds from hospitals to new health maintenance groups formed by doctors if it could be shown there were improvements in terms of costs and management.

US example

The report draws heavily on the growth of health maintenance organisations in the United States. There are now 400 covering 19 million people.

Doctors and hospitals involved in the new set-up have to work within a fixed budget.

eliminating the cost increases that have plagued the conventional American health insurance system.

The adoption of management techniques has reduced time spent by patients in hospital by 40 per cent and cut the cost of health care by 20 per cent, according to studies.

The Government is studying the new American set up to see whether it would provide the basis for a greater spread of private medical insurance in Britain.

The report recommends generous tax concessions for employers and trade unions joining health maintenance organisations.

The "company health plan" could grow as rapidly as company pension plans have done with tax incentives, it says. For a monthly or annual subscription workers would receive a comprehensive health service.

The paper suggests that the Government should copy American practice and pay health maintenance groups to take on Health Service patients if they can provide an equal service at least 5% more cheaply.
(End Health, Adam Smith Institute, Box 316, London SW1 (UK))

/12828
CSO: 5440/115

FISH DEATHS DUE TO PLANKTON BLOOM REPORTED AT FISH FARMS

Vancouver THE SUN in English 2 Jul 86 p A3

[Article by Dave Margoshes]

[Text] A brown plankton bloom has killed thousands of salmon and trout being readied for market by fish farmers on both sides of Georgia Strait in a setback to the fledgling industry that is being described as serious but not catastrophic.

Fish farm operators spent Canada Day scrambling either to save their stock, salvaging what they could by slaughtering affected fish before they died, or quickly burying the victims.

Gordon Wilson, a member of the Sunshine Coast regional district council, said losses "are in the millions of dollars." He said about 10 of the 40 or so fish farmers on the Sunshine Coast have been seriously affected, "three or four of them critically."

Sid Heal, president of the Aquaculture Association, agreed the losses would be serious for some farmers. But he and Oddvin Vedo, a fish farming consultant, said the massive fishkill was an overdue calamity that shouldn't be distorted or blown out of proportion.

"This is what fish farmers have to live with," Heal said. "It's part of nature's cycle. It's just nature on the rampage."

Vedo even went so far as to describe the kill as a possible "blessing in disguise" because it will alert the industry to precautions that can be taken against the deadly bloom. "Next year, when there's more fish in the water, people will be more prepared to handle it."

Most of the damage appeared to have been concentrated on the Sunshine Coast north of Secret Cove

and in the Agamemnon Channel, but at least two Vancouver Island operators near Duncan were also hit.

Some of the farmers are insured and may only have to absorb a 25 per cent deductible loss. Others, like Doug Harpham, whose Sea Spring salmon farm at Genoa Bay near Duncan lost about half of its mature stock, are uninsured and "have to swallow it ourselves."

Harpham, who raises brood stock providing smolt to other farmers and the government's salmonid enhancement program, lost about

5,000 fish, many of them "30 pounders," he said.

"It's a setback for us, but we're determined to carry on."

The kill is being blamed on a variety of algae called heterosigma, which has bloomed in recent days as a result of a perfect combination of weather, daylight and tides, much like the red tide that attacks bivalves.

Dorothy Kieser, a fisheries department biologist who has been studying the kill, said the dense bloom, floating as deep as 12 metres, clogs fish gills and causes suffocation.

In the wilds, fish can merely swim out of the bloom's way. But, domestic salmon and trout, kept in holding pens along shorelines, are trapped when the bloom sweeps in

on the tide. Death comes quickly.

Kieser said the bloom occurs infrequently but little has been known about it until recently. A smaller kill occurred last year, she said. "The industry is so new, it's not surprising we haven't seen it before."

Vedo and Heal said farmers could combat the plague by installing special equipment that would churn up the water, bringing deeper, clean water to the surface. Vedo, who spent the day Tuesday on his boat visiting several fish farmers in Seebelt Inlet, said they had successfully avoided any damage through the technique.

One of the hardest hit operations is the Wood Bay farm run by Scantech Resources, a Vancouver Stock Exchange-listed company. Brian

Egan, a biologist who works for Scantech, estimated the farm lost about 25,000 fish, many of them weighing three kilograms and ready for harvest.

Wood Bay was able to slaughter a few thousand fish before they died and pack them in ice, but "that was a losing proposition," said Egan. He said the loss will be bad, "but not catastrophic."

Rudi Chiang, of the fisheries inspection branch, said affected fish that were slaughtered in time should be acceptable for consumption, since their flesh is not contaminated. He said no orders were being issued to farmers on how to handle the fish. "If the fish is sold it will be processed through a federally inspected processing plant and our inspectors will see it."

/12828
CSU: 5420/92

CANADA

BRIEFS

BEAVER FEVER DIAGNOSIS--City administrator George Paul has confirmed tests on a beaver carcass discovered in Penticton Creek were positive for giardiasis, commonly known as beaver fever. Consequently, the lower intake of the creek, the principal source of Penticton's water supply, will remain closed indefinitely to allow further monitoring, Paul said Wednesday. While the intake was closed, a well and Okanagan Lake have been used as alternate water supply sources. Pathologist, Dr. Harvey Speirs said 90 cases of giardiasis have been recorded in Penticton this summer. The disease causes symptoms similar to those of stomach flu. [Text][Vancouver THE SUN in English 10 Jul 86 p A12]/12828

CSO: 5420/93

INDIA

BRIEFS

ANTHRAX IN ASSAM--Guwahati, July 27--Enthrux has broken out in an epidemic form in many places of Assam and has so far claimed five lives. According to official sources the disease has affected a substantial number of cattle and human population particularly in Sonitpur and Durrang districts. The State government has sent a high-level team of health officers to the affected areas. [Text] [New Delhi PATRIOT in English 28 Jul 86 p 6] /9317

CSO: 5450/0191

SWINE FEVER OUTBREAK IN PENAMPANG

Kuala Lumpur NEW STRAITS TIMES 29 Jul 86 p 9

[Text]

KOTA KINABALU, Mon.
The Penampang district 10km from here has been declared a swine fever-infected area, following an outbreak which killed 20 pigs in Kampung Ganang two weeks ago.

The Penampang District Council has imposed a ban on all movement of pigs and pork out of the district. It also warned pig farmers to confine their animals in their own pens.

/12828
CSO: 5400/4407

AUTHORITY TO SHOOT BUFFALO GIVEN TO CONTROL FOOT-AND-MOUTH

Harare THE HERALD in English 19 Jul 86 p 1

[Text]

THE Department of Veterinary Services has been granted authority to shoot buffalo in Mashonaland for the first time as part of its programme to control foot-and-mouth disease, but a department official said the agency has no immediate plan to kill any animals in the area.

According to an order gazetted yesterday, the department will now have the authority to kill any buffalo found in Mashonaland outside the boundaries of the National Parks and Wildlife areas.

The deputy director of veterinary services, Dr Stuart Hargreaves, said yesterday that the order did not mean there was any plan for eradication of buffalo in Mashonaland.

"People will get all excited and think we're going to shoot all the buffalo in Mashonaland, and that's absolutely not the case," he said.

Conservationist groups have already questioned the department's programme to eradicate buffalo from certain areas in order to prevent cattle from being infected with foot-and-mouth disease.

Dr Hargreaves said one reason for the order was to permit the department to "cover the eventuality of buffalo straying into cattle-producing areas of Mashonaland from wildlife areas".

At present, the buffalo herds in the Zambezi Valley have been separated from cattle-growing regions by the presence of the tsetse fly. But the Government's tsetse fly eradication programme is now opening up new areas that are free of the pest, and Dr Hargreaves said that will increase the chances of buffalo-cattle contact.

Dr Hargreaves said his department was planning to propose a wildlife fencing programme to separate buffalo from cattle in those areas by enclosing the wildlife zones of the Zambezi Valley from Hwange north to the lower Zambezi region.

According to Dr Hargreaves, National Parks experts estimated Zimbabwe's buffalo population in 1984 at more than 66 000. He said that, since 1978, veterinary services hunters have had to shoot only 3 500 buffalo that were found outside wildlife areas.

The department's buffalo killing programme had, until yesterday's order, been confined to limited areas in the south and south-east of the country.

"Foot-and-mouth disease is the most contagious disease known to cattle," Dr Hargreaves said. He said the programme run by his department is intended to maintain a barrier between buffalo that carry the disease and the nation's cattle herds.

12828
CSO: 5400/169

ZIMBABWE

BRIEFS

RABIES VACCINATIONS, CASES--Anti-Rabies vaccinations nearly doubled in most Harare suburbs compared with the same time last year the senior animal health inspector in the Mashonaland Veterinary Services Department Cde Crispen Chisasa said yesterday. Last year 801 cases were vaccinated in Hatfield, Braeside, Glen View and Glen Norah but this year there was a record turnout of 1386 cases handled at the centres. Hatfield recorded 257 cases compared with 138 last year, Braeside's figure rose from 269 last year to 341, Glen View from 165 to 348 and in Glen Norah there were 440 cases compared with 229 last year. Cde Chisasa said there was a low turnout in Mabyuku and Tafara and that August 8 had been set for beginning another programme there. [Text][Harare THE HERALD in English 2 Aug 86 p 5]/12828

CSO: 5400/169

MEXICO

BRIEFS

AFRICAN BEE EXPECTED IN 3 MONTHS--There are still no signs of the arrival of the African bee in Mexico, the Secretariat of Agriculture and Water Resources (SARH) has asserted, reporting that the insect is in Guatemala and estimating that it will enter Mexico in 3 months, probably through the state of Chiapas. It went on to say that the bees would not pose an immediate problem, inasmuch as they disperse slowly. Thus, the swarms arriving in a given area first establish themselves, reproduce and then saturate the area, and it is not until after the second or third year that they cause honey production to drop. The secretariat clarified that the African bee does not cause damage to agriculture or carry disease and can thus not be regarded as a pest. On the contrary, "if it is handled properly, it could turn out to be beneficial for the production of honey and other bee products." The SARH recalled that the current National Program for the Control of the African Bee has been funded so far by the secretariat and by organizations like the FAO and the Regional International Organization for Agricultural-Livestock Health, which is made up of Mexico, Panama and the five Central American countries. [Text] [Mexico City EXCELSIOR in Spanish 20 Jul 86 p 22-A] 8743

CSO: 5400/2079

MOZAMBIQUE

BRIEFS

LOCUSTS CAUSE HARVEST LOSS—Locusts have completely devastated vast fields of crops in Mozambique's northwestern province of Tete, seriously affecting food needs of thousands of people. The director of Natural Disasters Commission, (Enos Mahanjani), says a plague of locusts hit three districts of Tete during November and December last year and in January this year. Mr (Mahanjani) said that fields of maize, millet, and beans were devoured by the pests in Changara, Cahora Bassa, and Chiute districts. A total of 320,000 people are in dire need of 29,700 tons of cereal as a result of the complete loss of the harvest. Mr (Mahanjani) said this amount of cereals were needed during the coming 10 months, before the next harvest. There are fears that when the next rain and planting season comes by October, the locusts might again swarm in Tete, which is the only province in Mozambique seriously affected by the plague. [Text] [Maputo in English to Southern Africa 1100 GMT 29 Jul 86 MB] /12913

CSO: 5400/165

AGRICULTURE MINISTRY CLARIFIES LOCUST INFESTATION

Quezon City ANC PAHAYAGANG MALAYA 22 Jun 86 p 5

[Article by Orlando R. Ravanera]

[Text]

This is a reaction to a news article which appeared in Malaya last June 13, entitled "Locust Invasion" under Roundup.

Although we do not deny the fact that there is indeed locust infestation in the southern towns of Bukidnon, we strongly belie what appeared to be a clear and outright distortion of fact when the author grossly misquoted our newly designate officer-in-charge, Director Magadapa A. Paporo, as saying that "the Ministry of Agriculture and Food appears helpless in controlling the pests for lack of chemicals and insufficient fund."

Such statement is misleading and may cause unnecessary alarm as it may give an impression that the infestation is beyond control.

Even Paporo himself was caught in great surprise why such a critical statement be attributed to him when in fact he had never said such.

The truth is, the ministry is gaining much headway in controlling the infestation as Paporo himself mobilized MAF field technicians who are always on their guard be day or night during monitoring and controlling activities.

So far, the ministry has not yet

encountered lack of chemicals or insufficient fund, much more, being rendered helpless. Actually, after detecting the first swarm of locust which originated from North Cotabato, the ministry in Region 10 immediately made available an emergency fund of P10,000 from its budgetary allocation for supplies while waiting for the chemicals to arrive which is usually route via Davao.

As their counterpart, local governments of affected municipalities (i. e. Kibawe and Kadingilan) did not have second thoughts in making their respective funds available, each sharing P5,000 worth of chemicals and gasoline in support to MAF's control operations.

The statement, therefore, of helplessness does not give justice to the efforts and sacrifices of MAF personnel and the cooperative stance of the mayors of affected municipalities who are leaving no stone unturned in controlling what could be a widespread destruction of standing crops.

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/12828
CSO: 5400/4411

PESTICIDE USE, COMMERCE DISCUSSED

Khartoum SUDAN TIMES in English 3 Jul 86 p 4

[Text]

Recent revelation that vegetable growers in and around Khartoum have been spraying their crops with a highly toxic pesticide, Timik, has caused a wave of panic. Timik was to be used exclusively for spraying cotton but it found its way illicitly to Khartoum vegetable growers.

The dangers of this incident focused debate on the larger issue of misuse of dangerous or useless drugs in the third world countries. European exporters are being accused of 'double standards' by exporting to third world products already banned or heavily restricted in their countries.

Timik, provided by Union Carbide Company, has been tested and registered in the Sudan. Since 1980. Its use and application needs great care as it is a hazardous chemical. If it touches the skin it penetrates it and affects the body. Moreover it remains active in the soil for nearly three months and its hazards continue all through that period.

It is believed that some cotton growers have, unknown to plant protection have sold the doses issued to them to black marketeers and eventually it found its way to vegetable growers.

The Plant Protection Department estimates that some three tons of this pesticide found its way illegally to vegetable growers. The exact quantity cannot be ascertained as the culprits-whether those who sold or bought it - would not tell the truth for fear of criminal procedures against them. However a campaign to retrieve that quantity succeed partially. Over one ton of the pesticide was located and confiscated.

Timik is given free to Gerzira and Rahad schemes farmers. However, some of it goes illicitly to the black market and eventually a highly effective pesticide finds its way to the vegetable grower at about half the price of the safe and approved vegetable pesticide.

This incident has fortunately sounded the alarm and stressed the need for a clear and effective policy directives regarding the use of drugs, insecticides and pesticides. The Environment Protection Society has called for an over all change in policy. It proposed less dependence on chemicals, introduction of biological and other methods to combat

pests, use of advanced laboratory techniques and selection of highly safe drugs.

It also underlined the need for strict procedures in testing, importing, transporting, storing and handling of all chemicals. Above all chemicals banned in their country of manufacture must be banned in Sudan. These chemicals must be made available to farmers at reasonable prices and no unauthorised dealers should be allowed to handle them.

Farmers need also to be enlightened about the dangers of these chemicals.

Few months ago the EEC was exposed to heavy criticism on its export of "useless" and "harmful" drugs and pesticides. The Coalition Against Dangerous Exports (Cade) - a broad alliance of consumer and environmental organizations - has released a powerful report against the EEC activities and legislations in this field.

EEC Commissioner Edgard Pisani said "the Commission considers that any country participating in international trade shall ensure that products which may cause an immediate hazard to users or consumers may not be exported". EEC directives maintain, however, that measures taken to ban or restrict chemicals in the EEC countries "shall not apply to products exported to non-member countries". Former Commissioner Karl-Heinz Narjes justified this apparent contradiction by saying, "to try and impose community

rules on non-member countries or deny supplies of pesticides they need could cause vexed political problems". Nevertheless, evidence that the EEC Commission is beginning to listen to the environmentalist's arguments was seen in its decision to cancel tendering for a contract to export 40,000 litres of Endrin and 60,000 kgs of Aldrin, both powerful pesticides under restrictions in the EEC, for a coffee plantation rehabilitation programme in Ivory Coast.

EEC firms control a large part of the world pesticide business, with 40% of the world trade. One example of the value of the allegedly dangerous chemicals to the profits of these firms, is the assertion by the Cade report that 7% of Shell's profits in 1980 came from its sales of Dieldrin, Aldrin and Endrin, which are banned or severely restricted in the EEC countries.

Such reliance on chemical industry, the report notes, would ultimately result in increasing the number of potentially dangerous chemicals in the environment while keeping pace with the evolution of pesticide resistance among genetic strains. Chemical industry representatives dismiss the claim, saying that failure to spray African tropical crops with pesticides would result in massive famine.

Mercy abolishing pesticides, Cade says, would not, of course, solve all the problems. It might even

create more, mainly from crop losses. New seeds and genetically engineered strains of highly productive crops require inputs of advanced pesticides, fertilizers and other chemicals in order to survive.

But the Cade report reminds the authorities that European Gene Banks store two thirds of the world's seed varieties, and the storers of these seeds are, frequently, central to the pesticide business. Hoechst, the West German chemicals giant, for instance, owns an important British seeds company, and it is the biggest seller of pesticides in the world. Cade believes that such companies are breeding significant problems for the future by combining seed research with pesticides development.

Apart from the profit potential thus generated, the result could be increased dependence of African agriculture on imports and technology from the West in areas where there was previously greater self-sufficiency.

The report recommends the strengthening of the EEC directives covering the export of pesticides. It also recommends that chemicals facing ban in the EEC countries should be banned from export or subjected to the same restrictions they face in Europe.

FAO and WHO are conducting, meanwhile, an ambitious programme to introduce a code of conduct on the use of pesticides and pharmaceuticals respectively.

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CSO: 5400/4608

SUDAN

BRIEFS

'PESTS' THREATEN NILE PROJECTS--The White and Blue Niles projects are facing the danger of pests and weeds this season, Acting Manager of the Plan Protection Department told Al Sahafa. He said the situation is also ominous in other projects. He said about 100 planes will be sent to spray the fields now that the pesticides have been provided but complained of shortage of vehicles that has resulted in a delay in the transportation of chemicals and fuel. Last year the pests destroyed crops worth more than £s. 1 million in the Blue Nile. [Text] [Khartoum SUDAN TIMES in English 22 Jul 86 p 1]/12828

CSO: 5400/4608

HANOI REPORTS ON STATUS OF SRV RICE PESTS

OW112159 Hanoi Domestic Service in Vietnamese 1100 GMT 10 Aug 86

Text According to a notice from the Vegetation Protection Department of the Agriculture Ministry, 10th-month and summer-fall rice crops in various localities throughout the country are being ravaged by brown planthoppers, rice fulgorid, paddy stem borers, leaf folders, oryzae, paddy thrips, and other insects. Noteworthy is the abundance of planthoppers, stem borers, and lead foldiers. Particularly in the Red River Delta and midlands, the density of rice fulgorid and brown planthoppers has increased in early rice plantings, with an average of 200-300 insects per square meter and of 1,000-4,000 insects per square meter in highly infested areas. This density is 40 to 50 times higher than that in the same period in 1984 and 1985. The planthopper-affected acreages in Ha Nam Ninh Province and in the Mekong Delta have reached about 10,000 and 5,000 hectares respectively. Many areas in Minh Hai, Dong Thap, Ben Tre, Cuu Long, and Hau Giang Provinces have been infested with plantshoppers.

In the northern provinces, third-generation stem borers are currently ravaging a vast acreage, with a density of 8-13 insects per square meter in highly infested areas. Butterflies coming from fourth-generation stem borers have made a widespread appearance.

In the Mekong Delta provinces, more than 20,000 hectares of summer-fall rice have been ravaged by stem borers, and eradication work is to be continued.

Leaf folders have appeared and ravaged TS-2, CN-2, and X-1 rice varieties. Particularly in some northern provinces, the density in the highly infested areas is 8-10 insects per square meter.

In the Mekong Delta, leaf folders have seriously ravaged more than 7,000 hectares of summer-fall rice, with a density of 10-15 insects per square meter. Moreover, buoy-shaped worms, rice armyworms, rice blast, oryzae, and paddy thrips have partly ravaged summer-fall rice and 10th-month rice seedlings in the Mekong Delta provinces.

It is forecast that butterflies coming from fourth-generation stem borers will appear uniformly and abundantly in mid-August. Brown plantshppers and rice fulgorid will continue to develop in rice plantings, especially early ones. Rice hispa and leaf folders will continue to ravage the main plantings of

early rice. In the southern provinces, brown planthoppers and rice fulgorid must be the most heeded targets during this August, because they may be pests in the various rice varieties liable to be infested with them. Leaf folders will continue to ravage late summer-fall and early 10th-month rice.

The northern provinces should use kerosene to eradicate planthoppers in areas with an infestation density of 200 or more insects per square meter. Lanterns should be used in trapping stem borer butterflies. Withered rice leaves must be pruned and insect egg nests must be destroyed. Matured rice hispa can be trapped by using scoop nets.

The southern provinces should quickly destroy brown planthoppers' nests, stem borers, leaf folders, oryzae, and rice blast in highly infested areas.

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CSO: 5400/4404

VIETNAM

BRIEFS

KIEN GIANG PEST INFESTATION--Some 31,000 out of a total of 50,000 hectares of summer-fall rice in Kien Giang Province are being affected by drought and grasshoppers. During the past 10 days, tens of thousands of agricultural laborers in the province have concentrated efforts on combating drought and insects and applying fertilizer to riceplants. [Summary] [Hanoi Domestic Service in Vietnamese 1430 GMT 6 Aug 86 BK] /9599

AN GIANG SUMMER-FALL RICE--Peasants in An Giang Province are tending 80,000 hectares of summer-fall rice until harvesting time. They are also exerting efforts to protect 12,000 hectares of this rice that have been infested by cotton leaf rollers and stem borers. [Summary] [Hanoi Domestic Service in Vietnamese 1430 GMT 10 Aug 86 BK] /9599

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